TRAINING AND EMPLOYMENT NOTICE

NO. 1 - 17DATE July 10, 2017

TO:

STATE WORKFORCE AGENCIES

STATE WORKFORCE ADMINISTRATORS STATE WORKFORCE LIAISONS -Bar Si

FROM:

Byron Zuidema

Deputy Assistant Secretary

SUBJECT: Updated ETA 8429 - Complaint/Apparent Violation Form

- 1. Purpose. To notify State Workforce Agencies about the publication of the updated Complaint/Apparent Violation Form (ETA 8429). (See attachment for the updated Form.)
- 2. Background. The U.S. Department of Labor updated the One-Stop Career Center (OSCC) Complaint/Referral Record (ETA 8429) by changing several parts of the Form. First, the title has been changed to "Complaint/Apparent Violation Form (ETA 8429)." This change enables the Form to capture both complaints and apparent violations. Part 1, which captures the complainant's and respondent's information, now specifies that the complainant's information can be left out allowing the complainant remain anonymous if the Form is being used to record an Apparent Violation. The Form is also updated to reflect that the complaint can be made against a Person, Company, or Agency, where previously it only captured complaints made against a person. Further, the new Form does not require the signature of the complainant if it is an Apparent Violation.

Part 2, which is for official use, begins by asking whether the alleged violation is a Complaint or an Apparent Violation, and in the "Type of Complaint or Apparent Violation" section, it asks the State Workforce Agency (SWA) employee to mark whether the alleged violation relates to the Employment Service Regulations and/or an Employment-Related Law. Regarding referrals to other agencies, the updated Form expanded the list to include the Equal Employment Opportunity Commission (EEOC). In the section titled, "Action taken on Complaint/ Apparent Violation," the SWA employee must now log who took action, when, and note the action taken. This was added to better track progress made for resolving complaints and apparent violations. Last, the Form now requires the SWA employee to log whether the case was resolved and if the individual was provided other One-Stop services.

3. Action Requested. All State Workforce Agency staff including State Monitor Advocates, outreach workers, and customer service representatives should use the Complaint/Apparent Violation Form (ETA 8429) when taking and logging complaints and apparent violations. The Form is available at: https://doleta.gov/programs/msfw form with inst.cfm.

> **EMPLOYMENT AND TRAINING ADMINISTRATION** U.S. DEPARTMENT OF LABOR **WASHINGTON, D.C. 20210**

4. <u>Inquiries</u>. Please direct inquiries concerning the updated Complaint/Apparent Violations Form to the ETA Regional Monitor Advocate serving your state. The Monitor Advocate National Directory, a list of ETA Regional Monitor Advocates and the states they serve can be accessed at:

https://doleta.gov/programs/MSFW/pdf/NATIONAL_MSFW_MONITOR_ADVOCATE_DI_RECTORY.pdf.

5. Attachments.

A. ETA 8429 – Complaint/Apparent Violation Form

OMB Approval No. 1205-0039 Expiration Date: Dec. 31, 2018

For Official Use Only Complaint/Apparent Violation Form¹

Respondent's Information ³		
Name of Person, Company, or Agency the Complaint is Made Against		
5. Name of Employer (if different from Part I #4 above) /One-Stop Office		
6. Address of Employer/One-Stop Office		
7. Telephone Number of Employer/One-Stop Office		

Certification	I CERTIFY that the information furnished is true and accurately stated to the best of my knowledge. I AUTHORIZE the disclosure of this information to other enforcement agencies for the proper investigation of my complaint. I UNDERSTAND that my identity will be kept confidential to the maximum extent possible, consistent with applicable law and a fair determination of my complaint.			
9. Signature of Co	omplainant ⁴	10. Date Signed		

¹ For information regarding complaints that are covered through the Employment Service and Employment-Related Law Complaint System see 20 CFR 658 Subpart E.
² If the Complaint/Apparent Violation Form is used to submit an Apparent Violation, the name of the Complainant is not necessary and may

remain anonymous. Parts 2a and 2b also do not need to be filled out if the form is used for an Apparent Violation.

³ For definition of "Respondent" see 20 CFR 651.
⁴ No signature is required at Part 9 if this form is submitted as an Apparent Violation.

Part II. For Official Use Only			
1. Migrant or Seasonal Farmworker? Yes No 2. Complaint or Apparent Violation? Complaint Apparent Violation ("X" Appropriate Box(es)): Employment Service Related Job Order No. Against Local Employment Service Office Against Employer Alleged Violation of Employment Service Regulations Employment-Related Law	4. Issue(s) involved in Cor Violation ("X" Appropriat Wage Related Child Labor Working Condition Migrant and Seas Agricultural Work Protection Act (M) Discrimination O (Specify)	Housing Pesticides Health/Safety Disability Discrimination	5. H-2A/Criteria Employer ("X" Appropriate Box(es)): U.S./Domestic Worker H-2A Worker Wages Transportation Meals Housing Other
6a. Referrals To Other Agencies ("X" Appropria WHD. U.S. DOL. OSHA U.S. D EEOC Other b. Follow-Up Monthly C. Yes No Quarterly		7. Address of Referral ZIP Code and Telep	Agency (No., St., City, State, phone No.)
8. Explanation of Complaint/Apparent Violat	ion (If additional space is nee	ded, use separate sheet o	of paper)
Actions Taken on Complaint/Apparent Vi Action Taken By:	olation (If additional space is	needed for multiple action On:	
Action Taken:	((200)
Complaint /Apparent Violation resolved? Provided other One-Stop Services?		ain.	
12a. Name and Title of Person Receiving C	Complaint	12b. Office Address	s (No., St., City, State, ZIP Code)
12c. Phone No.		12d. Signature	12e. Date

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Obligation to reply is required to obtain or retain benefits (44 USC 5301). Public reporting burden for this collection is estimated to average 8 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210.

For DISCRIMINATION COMPLAINTS ONLY. Persons wishing to file complaints of discrimination may file either with the State Workforce Agency, or with the Directorate of Civil Rights (DCR), U. S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, D.C. 20210